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FROM: Robert E. Scheid (Reg. No. 42,126)**DATE:** October 3, 2006

Number of pages with cover page:	7
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Contents of this Transmission:

Atty Docket No. 602102000121:

Inventor: Leonard SCHLESSINGER et al.

Application No.: 10/763,653

Filing Date: January 22, 2004

Group Art Unit: 1631

Examiner: J. M. Sims

Title: GENERATING A MATHEMATICAL MODEL FOR DIABETES

Documents:

Transmittal (1 page)

Fee Transmittal w/duplicate copy for fee processing (2 pages)

Petition for Extension of Time - 2 months (1 page)

Response to Restriction Requirement (2 pages)

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PTO/SB/21 (09-04)

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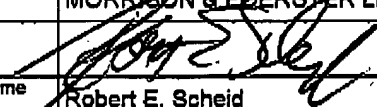
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/763,653	
	Filing Date	January 22, 2004	
	First Named Inventor	Leonard SCHLESSINGER	
	Art Unit	1631	
	Examiner Name	J. M. Sims	
Total Number of Pages in This Submission	6	Attorney Docket Number	602102000121

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form w/duplicate copy for fee processing (2 pages) <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply (2 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (1 page) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Facsimile Return Receipt Cover
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Signature			
Printed name	Robert E. Scheid		
Date	October 3, 2006	Reg. No.	42,126

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FEE TRANSMITTAL For FY 2006		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number 10/763,653	
		Filing Date January 22, 2004	
		First Named Inventor Leonard SCHLESSINGER	
		Examiner Name J. M. Sims	
		Art Unit 1631	
TOTAL AMOUNT OF PAYMENT (\$) 450.00		Attorney Docket No. 602102000121	

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
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<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.18 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)																				
1. BASIC FILING, SEARCH, AND EXAMINATION FEES																				
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)													
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)														
Utility	300	150	500	250	200	100	0													
Design	200	100	100	50	130	65	0													
Plant	200	100	300	150	160	80	0													
Reissue	300	150	500	250	600	300	0													
Provisional	200	100	0	0	0	0	0													
2. EXCESS CLAIM FEES																				
Fee Description							Small Entity Fee (\$)													
Each claim over 20 (including Reissues)							50													
Each independent claim over 3 (including Reissues)							200													
Multiple dependent claims							360													
<table style="width: 100%; border-collapse: collapse;"> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> <tr> <td>60</td> <td>- 60 = 0</td> <td>x 50 =</td> <td>0</td> </tr> </table>							Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	60	- 60 = 0	x 50 =	0	Multiple Dependent Claims <table style="width: 100%; border-collapse: collapse;"> <tr> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> <tr> <td>360</td> <td>0</td> </tr> </table>		Fee (\$)	Fee Paid (\$)	360	0
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)																	
60	- 60 = 0	x 50 =	0																	
Fee (\$)	Fee Paid (\$)																			
360	0																			
HP = highest number of total claims paid for, if greater than 20.																				
<table style="width: 100%; border-collapse: collapse;"> <tr> <th>Indep. Claims</th> <th>Extra Claims</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> <tr> <td>36</td> <td>- 36 = 0</td> <td>x 200 =</td> <td>0</td> </tr> </table>							Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	36	- 36 = 0	x 200 =	0	HP = highest number of independent claims paid for, if greater than 3.					
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)																	
36	- 36 = 0	x 200 =	0																	
3. APPLICATION SIZE FEE																				
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																				
Total Sheets		Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)															
		- 100 =	/50	(round up to a whole number) x	0															
4. OTHER FEE(S)																				
Non-English Specification, \$130 fee (no small entity discount)							0													
Other (e.g., late filing surcharge): 1252 Extension for response within second month							450.00													

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	42,126
Name (Print/Type)	Robert E. Scheid	Telephone	(415) 268-8389
		Date	October 3, 2006

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